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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. VPI/02-115 US	
		First Inventor Jingrong Cao	
		Title Compositions Useful as Inhibitors of Rock and Other Protein Kinases	
		Express Mail Label No. _____	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<div>1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages 226] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets _____]</div> <div>5. Oath or Declaration [Total Pages 3]<div style="margin-left: 20px;"><div>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><div style="margin-left: 20px;"><div>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></div></div></div></div><div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div></div>		<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</div> <div>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><div style="margin-left: 20px;"><div>a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div>b. Specification Sequence Listing on:<div style="margin-left: 20px;"><div>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div>ii. <input type="checkbox"/> paper</div></div></div><div>c. <input type="checkbox"/> Statements verifying identity of above copies</div></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">ACCOMPANYING APPLICATIONS PARTS<div>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</div><div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></div><div>11. <input type="checkbox"/> English Translation Document (if applicable)</div><div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div><div>13. <input type="checkbox"/> Preliminary Amendment</div><div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></div><div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></div><div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></div><div>17. <input checked="" type="checkbox"/> Other: Express Mail Page</div></div>	
<div>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> Continuation</div><div><input type="checkbox"/> Divisional</div><div><input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____</div></div><div style="margin-top: 5px;"><small>Prior application information: Examiner _____ Group / Art Unit: _____</small></div></div> <div>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</div>			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		27916	
		<input type="checkbox"/> Correspondence address below	
Name Karoline K. M. Shair Vertex Pharmaceuticals Incorporated			
Address 130 Waverly Street			
City Cambridge	State Massachusetts	Zip Code 02139-4242	
Country USA	Telephone (617) 444-6536	Fax (617) 444-6483	
Name (Print/Type) Karoline K. M. Shair		Registration No. (Attorney/Agent) 44,332	
Signature <i>Karoline K.M. Shair</i>		Date October 30, 2003	

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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0725 Deposit Account Name: Vertex Pharmaceuticals The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (continued)																																																																																																																																																																																																																																													
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Date of Deposit: October 30, 2003

I hereby certify that the following documents:

1. Utility Transmittal for Patent Application;
2. Fee Transmittal Sheet (1 page, in duplicate);
3. Specification 226 pages (Desc. 153 pgs, Claims 72 pgs., Abstract pg);
4. Executed Declaration Power of Attorney Document (3 pages);
5. Assignment Recordation Cover Sheet (in duplicate);
6. Assignment document (4 pages);
7. Return postcard receipt.

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to the MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Karen DiRocco

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